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## APPLICANTS

Steven Shyng-Tsong T. Chen, Patterson, NY;  
Kaushik Arun Kumar, Beacon, NY;  
Stephen Edward Greco, LaGrangeville, NY;  
Shom Ponoht, Fishkill, NY;  
Terry Allen Spooner, New Fairfield, CT;  
David L. Rath, Stormville, NY;  
Wei-Tsu Tseng, Hopewell Junction, NY;

\*\* CONTINUING DATA \*\*\*\*\*

BA, NONE

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

BA, NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 207	INDEPENDENT CLAIMS 21
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>Brook Kihede</u> Initials <u>BK</u>				

## ADDRESS

32074

## TITLE

MAINTAINING UNIFORM CMP HARD MASK THICKNESS

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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